



Wyoming
Department
of Health

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BEHAVIORAL HEALTH DIVISION

Application Guide for *Adult and Child DD* Home and Community Based Waiver Program



Developmental Disabilities Programs
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DD Programs Mission

The Developmental Disabilities Programs mission is to provide funding and guidance responsive to the needs of people with developmental disabilities and acquired brain injuries to live, work, enjoy, and learn in Wyoming communities with their families, friends, and chosen support services and support providers.

Introduction

Waiver Programs

Waivers are programs that waive certain restrictions of the Wyoming Medicaid Plan to allow the State to fund additional services not covered by another paid or unpaid source. The goal of the waiver program is to support an individual in his/her own community and avoid the need for residential institutional care.

Developmental Disabilities (DD) Programs offers three waivers:

1. ***Acquired Brain Injury (ABI) Waiver***
2. ***Adult Developmental Disabilities (DD) Waiver***
3. ***Child Developmental Disabilities (DD) Waiver***

This application guide provides the necessary information, forms, and procedures an individual needs to assist him/her in applying for a DD Programs waiver.



Clinical Eligibility Requirements

Adult DD Waiver

To be eligible for an Adult DD Waiver, all of the following are required:

1. U.S. citizen & Wyoming resident
2. 21 years of age or older
3. Meet **Level of Care Criteria for Intermediate Care Facility for persons with Intellectual Disabilities** (ICF/ID)
(Refer to LT-104)
4. Psychological evaluation by licensed psychologist confirming an eligible intellectual disability. If a related condition, medical verification is required by a licensed physician and a licensed psychologist confirms that the related condition meets the definition of a developmental disability as determined by substantial functional limitation in age appropriate activities when compared to peers of a similar age.
5. Functional limitations measured by **Inventory for Client and Agency Planning** (ICAP) scoring less than or equal to 70.
(If the score is greater than 70, there must be deficiencies in three or more of the following areas: self-care, language, mobility, self-direction, independent living, and/or learning/cognition.)
6. Financial eligibility is determined by the Department of Family Services (DFS). As of January 2012, the criteria are monthly income cannot exceed \$2094 and individual assets cannot total more than \$2000; couple assets if both are applying cannot total more than \$3000. (Dollar amounts subject to change on a yearly basis as determined by the DFS.)

Related Condition
is a severe, chronic, life-long disability that was prevalent prior to age 22 perhaps resulting from cerebral palsy, autism, or seizure disorders that is closely related to an intellectual disability requiring similar services. It cannot be a mental illness condition.

Eligibility
Adult DD

Clinical Eligibility Requirements

Child DD Waiver

To be eligible for a Child DD Waiver, all of the following are required:

1. U.S. citizen & Wyoming resident
2. Ages birth to 21
(Apply for the Adult DD Waiver at least six months prior to 21st birthday. Participant will remain on the Child DD Waiver through end of the month that he/she turns 21 years of age.)
3. Meet ***Level of Care Criteria for Intermediate Care Facility for persons with Intellectual Disabilities*** (ICF/ID)
(Refer to LT-104)
4. Psychological evaluation by licensed psychologist confirming an eligible intellectual disability. If a related condition, medical verification is required by a licensed physician and a licensed psychologist confirms that the related condition meets the definition of a developmental disability as determined by substantial functional limitation in age appropriate activities when compared to peers of a similar age.
5. Functional limitations measured by ***Inventory for Client and Agency Planning*** (ICAP) scoring as follows:
 - Adaptive behavior quotient .50 or below birth – 5 years old
 - Adaptive behavior quotient .70 or below 6 – 20 years old
6. Financial eligibility is determined by child's income by the Department of Family Services (DFS). As of January 2012, the criterion is child assets cannot total more than \$2000 (which may include funds from drug or insurance claims and/or beneficiary of a will or estate settlement).
(Dollar amounts subject to change on a yearly basis as determined by the DFS.)

Eligibility
Child DD

Related Condition

is a severe, chronic, life-long disability that was prevalent prior to age 22 perhaps resulting from cerebral palsy, autism, or seizure disorders that is closely related to an intellectual disability requiring similar services. It cannot be a mental illness condition.

Service Options

Effective July 1, 2010

Three Waiver Services Plus Self-Direction Service Options

Traditional Services	*Self-Direction Services
Case Management	Agency with Choice
Child Habilitation Services (Child Waiver Only)	Child Habilitation Services (Child Waiver only)
Cognitive Retraining Services (ABI Waiver only)	Community Integrated Employment (must be 18 or older)
Community Integrated Employment (must be 18 or older)	Companion Services (must be 18 or older)
Companion Services (must be 18 or older)	Fiscal Employer Agent
Day Habilitation (Adult & ABI Waivers Only)	Independent Support Broker
Dietician Services	Individual Directed Goods & Services
Environmental Modifications	Personal Care
Homemaker	Residential Habilitation Training (Child Waiver Only)
Personal Care	Respite Care
Physical, Speech, & Occupational Therapy (Adult & ABI Waivers only)	Supported Living Services (must be 18 or older)
Residential Habilitation (must be 18 or older)	Unpaid Caregiver Training & Education
Residential Habilitation Training (Child Waiver only)	
Respite Care	
Skilled Nursing	
Special Family Habilitation Home (Child Waiver Only)	
Specialized Equipment & Supplies	
Supported Living Services (must be 18 or older)	
	* <i>Self-Direction Handbook</i> is available at DD Programs website: www.health.wyo.gov/ddd

Service
Options

Please refer to
pages 21-24 for
complete Service
Definitions

Step 1

Waiver Application

Step 1: Contact DD Programs

The individual and/or his/her guardian requesting information on waiver services may contact DD Programs ***Participant Support Specialist (PSS)*** in his/her county to arrange a time to meet in person or by phone to discuss the details of the waiver application process. The table below provides the contact information for DD Programs PSS by county. The DD Programs PSS will schedule an appointment with the applicant to discuss the waiver application process.

Counties	Contact Number	PSS
Uinta, Lincoln, Sweetwater	307-789-0618 bonnie.laird@wyo.gov	Bonnie Laird
Fremont, Teton, Sublette	307-856-4648 pam.synder@wyo.gov	Pam Snyder
Campbell, Crook, Sheridan, Johnson	307-684-7632 dalreen.kessler@wyo.gov	Dalreen Kessler
Converse, Natrona	307-234-6439 lorrie.hayes@wyo.gov	Lorrie Hayes
Weston, Niobrara, Carbon, Albany, Platte, Goshen	307-534-4658 dennis.yost@wyo.gov	Dennis Yost
Laramie	307-777-6490 donna.pepper@wyo.gov ragen.latham@wyo.gov	Donna Pepper A-L Ragen Latham M-Z
Big Horn, Hot Springs, Park, Washakie	307-527-4181 linda.hallock@wyo.gov	Linda Hallock
State Participant Support Program Manager	307-777-3321 beverly.swistowicz@wyo.gov	Beverly Swistowicz

Step 2

Waiver Application

Step 2: Meet with DD Programs Participant Support Specialist (PSS)

During the meeting with DD Programs Participant Support Specialist (PSS), this ***Application Guide for Adult & Child DD Home & Community Based Waiver Program*** will be discussed. (If meeting by phone, the Guide will be e-mailed or mailed prior to the meeting.) The following information will be reviewed with the waiver applicant:

1. ***Careful explanation of the application process*** – discuss the information in the Application Guide for Adult & Child DD Home & Community Based Waiver Program. (Note: As a general rule, it may take up to 6 months to determine eligibility for an Adult or Child DD waiver.)
2. ***Information will be provided regarding home, community-based, institutional, and self-direction service options.***
3. ***List of potential Case Managers*** will be provided with suggestions for interviewing to help assist waiver applicant in final choice.

Step 3

Waiver Application

Step 3: Complete Medicaid Waiver Application form and review other forms

During the initial meeting with DD Programs PSS, the forms listed below will be discussed. These forms must be completed and submitted to DD Programs PSS to begin the waiver application process.

1. **Wyoming Department of Health Home and Community Based Services (HCBS) Medicaid Waiver Application form** – must be signed and completed first.
2. **Case Management Selection form** – to be completed by waiver applicant and his/her newly selected Targeted Case Manager.
3. ***Level of Care Criteria for Intermediate Care Facility for persons with Intellectual Disabilities*** (Refer to LT-104) – must meet DD Programs Waiver eligibility requirements and will be completed by the Targeted Case Manager.
4. **Inventory for Client and Agency Planning (ICAP) checklist** – will be completed by the Targeted Case Manager and this assessment is required to determine eligibility.

Step 4

Waiver Application

Step 4: Select Targeted Case Manager (TCM)

The applicant has the right to choose (informed choice) among any enrolled Case Manager with DD Programs. The Participant Support Specialist (PSS) will provide a list of Case Managers in the applicant's area to select a Case Manager from; however, until the applicant is officially approved to be on a waiver and ready to receive funds, the Case Manager is ***referred to as a Targeted Case Manager (TCM)***. It is important to choose a TCM that best meets the applicant's needs.

The TCM will assist the applicant in completing the waiver application process which includes the Level of Care Criteria (LT-104), scheduling an appointment with DFS to determine financial eligibility, gathering medical documentation if required, obtaining a psychological evaluation, and completing the ICAP checklist. The TCM will also assist the applicant in identifying other services he/she may access while completing DD Programs waiver eligibility process and waiting for funded services. Please refer to the section on Roles and Responsibilities for more details regarding the Targeted Case Manager duties. (Page 19)

Step 5

Waiver Application

Step 5: Interview Targeted Case Manager (TCM) and complete Case Management Selection form

It is the responsibility of the applicant to set-up interviews for a TCM. Following is a list of potential questions that the applicant can ask a TCM during an interview to get a better feel for who would be a good fit for the applicant's needs:

1. Do you have any openings on your case load? If so, how quickly can you get started?
2. How long have you been a case manager?
3. Would you describe your experience working with persons with disabilities?
4. Are you available to meet with me outside of normal business hours?
5. Communication and confidentiality are important to me, would you provide examples how you would honor both of these concerns?
6. Is your current case load manageable so that you can take on a new participant?
7. Are you committed to helping me access other services that I need while waiting for waiver approval? (i.e. social security application, DVR, DFS, etc.)
8. When funding is made available to me, will you continue to provide case management services?

Once a choice for TCM has been made, complete the **Case Management Selection form** identifying the selected TCM – both applicant and TCM signatures are required on this form. The TCM is responsible for mailing or faxing this completed form to DD Programs PSS that will then enter the data into the Electronic Medicaid Waiver System (EMWS).

Interview Worksheet for Targeted Case Manager (TCM)

Date Contacted for Interview	Date of Interview	Name of TCM	Phone Number	Address

Notes (for reflecting on interviews):

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Step 6

Waiver Application

Step 6: TCM will complete the LT-104, schedule an appointment with DFS, and assist in gathering medical documentation

The next step is for the TCM to complete the ***Level of Care Criteria*** (LT-104) in the Electronic Medicaid Waiver System (EMWS). This process determines if the applicant meets the prescreening criteria for the waiver. TCM then will work with the applicant to schedule an appointment with DFS to determine financial eligibility (refer to pages 4 and 5 for criteria). DFS will then either approve or deny financial eligibility and this will be noted in the EMWS. PSS will either approve or deny the LT-104. At this point, the TCM will advise the applicant of her/her status. If the applicant does not meet DFS's financial eligibility or the LT-104 criteria, there is no further continuation of this process and a denial letter is sent. If the applicant does meet the financial eligibility and LT-104 criteria, TCM will now assist the applicant in gathering the following medical documentation that will be scanned into the EMWS:

1. Psychological evaluation by licensed psychologist confirming an eligible intellectual disability.
2. Inventory for Client and Agency Planning (ICAP) checklist that measures functional limitations to verify eligibility. (ICAP administered by a DD Programs contracted agency.)

Note: The psychological testing required is paid for by Medicaid.

Step 6
Waiver
Application

Step 7

Waiver Application

Step 7: TCM will assist applicant in completing ICAP

The *Inventory for Client and Agency Planning* (ICAP) is an assessment of adaptive and maladaptive behaviors of the applicant. This process involves gathering information to determine the type and amount of special assistance that the applicant may need. The assessment measures the applicant's motor skills, social and communication skills, personal living skills, and community living skills. The assessment also requires input from people that know the applicant, such as friends, family members, teachers, etc.

The TCM will use a checklist to assist the applicant in obtaining all the required documentation for this assessment. Then these documents will be scanned by the TCM into the EMWS. An affiliate of DD Programs, Wyoming Institute for Disabilities (WIND) a part of the University of Wyoming will then complete a confidential evaluation. WIND will contact the applicant to complete the ICAP assessment. This assessment is paid for by DD Programs. The ICAP process may take up to 60 days for an Adult or Child DD waiver applicant.

Step 8

Waiver Application

Step 8: After all documents and ICAP assessment is completed - PSS will make final clinical eligibility decision

After WIND completes the ICAP assessment, they will notify the PSS in the EMWS of their results. The PSS will then complete the final application review of all the documentation.

The PSS will make the final determination if an applicant is clinically eligible for a waiver. Once this has been determined, the applicant will receive a letter indicating his/her eligibility status. The TCM will also be notified in the EMWS of the applicant's final determination.

Step 8
Waiver
Application

Step 9

Waiver Application

Step 9: Receive a letter indicating denial or waiting list status

If the applicant receives a letter from the PSS stating denial, the Wyoming Medicaid Rules state that if the applicant disagrees with this decision, he/she may request an Administrative Hearing from DD Programs. This request must be submitted in writing within 30 days after the date of the denial letter and it must identify the reasons for the request and the issues to be addressed at the hearing. The applicant may have representation from an attorney, relative, friend, or support person at the hearing.

If the applicant is eligible, but funding is not available, the applicant will be placed on a waiting list. This simply means the state has more eligible applicants than funding opportunities. When funding does become available, the applicant will be notified in writing. The waiting list placement is determined by the date the applicant is found eligible and the severity of the applicant's disability. The TCM will continue to assist the applicant in receiving non-waiver services, providing any crisis intervention and stabilization, and linking the applicant to available resources. (Six months prior to applicant's 21st birthday, PSS will contact TCM to assist the applicant in applying for an Adult DD waiver.)

Step 10

Waiver Application

Step 10: Receive a letter indicating eligibility for funding

The applicant receives a funding letter from DD Programs Participant Support Manager stating eligibility for waiver services, which includes the applicant's **Individual Budget Amount** (IBA). Then the following will take place:

1. TCM will assist the applicant in making a second appointment with the Department of Family Services to determine financial eligibility. Applicant will take a copy of funding letter from DD Programs to this appointment.
2. Once the Department of Family Services has determined financial eligibility, the PSS will meet with the applicant to review Choice, the Team Meeting process, Self-Direction, Conflict of Interest, and waiver services.
3. Applicant will determine which services are needed with assistance from **Case Manager**. (Now that the applicant has received clinical and financial eligibility, the Targeted Case Manager is now titled Case Manager.)
4. Case Manager will review Self-Direction handbook with applicant.
5. Applicant will obtain a list of DD Programs certified Providers as needed.
6. Applicant will determine who will provide needed services under Self-Direction or Traditional services.
7. Case Manager will assist the applicant in setting up a Team Meeting to develop the **Individualized Plan of Care** (IPC).
8. Case Manager will complete the IPC and submit it through the EMWS to PSS for approval.
9. Only upon the applicant's IPC approval by DD Programs PSS can applicant begin to receive waiver funded services.

Roles and Responsibilities

Participants/Guardian Responsibilities

- Assist in providing evidence of the need for services and supports.
- Assist in providing information so the case manager can complete the Level of Care Criteria form.
- Assist in collecting necessary data and documentation, including school records, medical records, and social security information.
- Provide guardianship papers from the court and notify the case manager if there are any changes in guardianship or representative payee.
- Assure that all providers are given necessary medical information, emergency information, contact information, and training.
- Choose among providers and services and to have choices respected.
- Keep informed of waiver changes through the website or educational opportunities provided by DD Programs.
- If self-directing waiver services, follow the requirements and responsibilities for that option.
- Participate in the program planning process, including participating in the development and review of the Individualized Plan of Care (IPC). **This includes coordinating with the case manager to schedule IPC meetings at least 30 days in advance of the meeting date.**
- Each year, make an appointment with the Department of Family Services to do the annual eligibility review.
- Learn about rights and restrictions and be an active participant in any discussion about possible rights restrictions.
- Abide by all rules, laws, and expectations of the community.
- Take care of personal property and protect it from theft or loss.
- Ask any questions about direct responsibilities, if information or directions are not understood.
- **Be available (with the participant at home) for the monthly home visits** required by the case manager, canceling in an appropriate amount of time so as not to disrupt service.
- Inform the case manager and/or providers of any concerns or questions, and to give them an opportunity to address any concerns or questions.
- Inform case manager of any requested changes in services and follow DD Programs transition procedures when changing service providers or moving to another location in the state. This includes scheduling the transition meeting two weeks in advance and allowing one week for the modification to be approved before the services are changed or the move takes place.
- A guardian of a participant, will provide information to the courts at least twice a year or as required by the courts.
- Review and verify documentation of services provided, when needed.
- Review the Individualized Plan of Care and make sure it reflects the services and supports that are required and agreed upon.
- Notify DD Programs PSS of changes in residence, phone, guardianship, custody, etc.
- Provide the case manager or providers with information in a timely manner on incidents, medication concerns, behavioral concerns, and other important information.
- Participate in assessments as needed for continued waiver eligibility determination.

Roles and Responsibilities

Case Manager Responsibilities

- Coordinate assessment and /or reassessment of the need of waiver services.
- Initiating the process to evaluate and/or re-evaluate the individual's Level of Care Criteria.
- Assist the team in determining which services are priorities.
- Support choices and preferences unless doing so is illegal or clearly not in the best interests of the participant.
- Educate the participant/guardian on self-direction and assist them in understanding the responsibilities of that choice.
- Provide the participant/guardian with informed choice regarding current service providers including other case managers.
- Assist the team in developing the Individualized Plan of Care (IPC) that includes the needs, interests, and goals of the participant.
- Review the plan of care with the participant and team in a manner that is easy to understand.
- Assist the providers/team in developing a personalized schedule for the participant.
- Give copies of the Individualized Plan of Care to providers in accordance with applicable privacy and confidentiality law and regulation.
- Monitor services and billings by providers on the Individualized Plan of Care.
- Be available to and at the times and places that are convenient for the participant and provide emergency contact information.
- Complete a home visit each month, which is required to bill for case management services. The participant must be in the home at the time of the visit.
- Provide a minimum of two (2) hours of case management services in the categories of: home visit plan development, monitoring and follow-up, participant specific training, face to face meeting with participants, guardian, family, advocacy and referral, crisis intervention, coordination of natural supports, and team meetings.
- Observe services in various setting to verify if the plan is being implemented, if schedules are accurate, if objectives are being implemented and progress is being made, and if the participant's desires are being met on a quarterly basis.
- Provide education on self-direction opportunities within the waivers.
- If a participant is self-directing, work with the support broker and employer (the participant/family) to complete case management duties as listed in the service definition.
- Provide second line monitoring of medication regimes as outlined in the IPC.
- Monitoring the use of restrictions and restraints as outlined in Positive Behavior Support Plans and completing trend analysis.
- Provide DD Programs and other agencies or providers with information in a timely manner on incidents, medication concerns, behavioral concerns & other important information.
- Responsible for knowing and sharing current participant specific information; i.e. change in medications, behavioral changes, etc.
- Responsible for knowing current DD Programs updates and training.
- Provide 30 days notice for team meetings – semi-annually and annually.
- Submit IPC to DD Programs PSS 30 days prior to the Individualized Plan of Care start date.

Roles and Responsibilities

Provider Responsibilities

- Participate in team meetings and provide pertinent information that allows the team to make the right decisions about services and supports.
- Follow the Individualized Plan of Care (IPC) and notify the case manager when there are questions or concerns with the plan.
- Provide the participant/guardian and the case manager with information in a timely manner on incidents, medication concerns, behavioral concerns, billing documentation, and other important information.
- Use the team process to determine if changes need to be made to services on the Individualized Plan of Care, including changes to medications, behavior plans, meal time plans or any other significant changes that impact the services on the IPC.
- Follow DD Programs transition procedure to facilitate transitions prior to accepting participants into services or agreeing to serve them.
- Responsible for knowing current DD Programs updates and training.
- Respect the participant's rights and cultural differences and assure that all staff understand and respect the rights of the participant.
- Follow Medication Assistance guidelines if in the Individualized Plan of Care.
- Provide documentation of internal and critical incidents to the case manager.
- Provide documentation of restraints and/or restrictions if identified in a Positive Behavior Support Plan.
- Notify DD Programs PSS of any changes in address, phone or email immediately to alleviate any chance of deactivation or disruption of payment.
- Do not provide services until a copy of the pre-approval for the Individualized Plan of Care, which includes all appropriate signatures, is received.
- A copy of monthly documentation must be sent to the appropriate case manager by the 10th business day of the calendar month.
- Keep accurate records of units, including the number of units used in the IPC, and notify the case manager if unit usage is changing.
- Responsible for developing schedule and objectives with team input.
- Providers need to be available for Case Managers and Participant Support Specialist to observe trainings and services.
- Allow Case Managers and DD Programs staff to monitor waiver services.

Definition of Service Options

AGENCY with CHOICE (For Self-Directing)	<p>The financial management service (FMS) Agency-with-Choice provider operates as co-employer with the waiver participant and/or their legal representative, who serves as the managing employer, for the purpose of ensuring that the necessary employer-related duties and tasks, including payroll are carried out as described below. This service is only available to people self-directing at least one service under employer authority. Participants or their legal representatives self-directing services under the Financial Management Service Agency with Choice do not have budgetary authority, including the option to purchase Individual Goods and Services. Participants or their legal representatives who choose to self-direct services must choose either the Financial Management Service Fiscal/Employer Agent or the Financial Management Service Agency with Choice service.</p>
CASE MANAGEMENT	<p>Case management is a service to assist participants in gaining access to needed waiver services, Medicaid State Plan services, medical, social, educational and other services, regardless of the funding source for the services to which access is gained. Case managers are responsible for assessment and/or reassessment of the need for waiver services; initiating the process to evaluate and/or re-evaluate the individual's level of care; linking waiver participants to other Federal, state and local programs; developing the plan of care according to DD Programs policies and procedures; coordinating multiple services and/or among multiple providers; ongoing monitoring of the implementation of the plans of care; ongoing monitoring of participant's health and welfare; addressing problems in service provision, including problems found during the ongoing monitoring of the implementation of the plan of care or concerns with a participant's health and welfare; responding to participant crises; reviewing service utilization and documentation of all services provided on a monthly basis to assure the amount, frequency, and duration of services are appropriate.</p>
CHILD HABILITATION (Child Waiver only)	<p>Child Habilitation Services provide children with regularly scheduled activities (and/or supervision) for part of the day. Services include training, coordination and intervention directed at skill development and maintenance, physical health promotion and maintenance, language development, cognitive development, socialization, social and community integration and domestic and economic management.</p>
COGNITIVE RETRAINING SERVICES (ABI Waiver only)	<p>Training provided to the person served or family members that will assist the compensation or restoring cognitive function (e.g. ability/skills for learning, analysis, memory, attention, concentration, orientation, and information processing) in accordance with the plan.</p>
COMMUNITY INTEGRATED EMPLOYMENT (must be 18 or older)	<p>Supported employment services consist of intensive, ongoing support that enable a participant for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports to perform in a regular work setting.</p>

COMPANION SERVICES (must be 18 or older)	Companion services include non-medical care, supervision, socialization and assisting a waiver participant in maintaining safety in the home and community and enhancing independence. Companions may assist or supervise the individual with such tasks as meal preparation, laundry, and shopping, but do not perform these activities as discrete services. Companions may also perform light housekeeping tasks that are incidental to the care and supervision of the participant. Companion Services include informal training goals in areas specified in the individual plan of care.
DAY HABILITATION (Adult & ABI Waivers only)	Assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills, which takes place in a non-residential setting, separate from the home or facility in which the individual resides.
DIETITIAN SERVICES	Services furnished by a licensed Dietician, including menu planning, consultation with and training of caregivers, and education of participants.
ENVIRONMENTAL MODIFICATIONS (New & Repair)	Environmental Modifications New and Repair, are those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include: <ul style="list-style-type: none"> • Installation of ramps • Installation of grab-bars • Widening of doorways • Modification or addition of bathroom facilities to make them accessible • Installation of specialized electrical and plumbing systems to accommodate the medical equipment and supplies, which are necessary for the welfare of the individual
FISCAL EMPLOYER AGENT	A Financial Management Service provider is funded as an administrative activity and does not come out of a participant's budget. The Fiscal Employer Agent assures all Federal, State, and local employment tax, labor and workers compensation insurance rules and other requirements are followed when the participant functions as the employer of workers. They make financial transactions on behalf of participants who have chosen to have budgetary authority. They assure all Internal Revenue Service and other applicable employer requirements are met, assure workers chosen by participants meet all state requirements before services are provided, track budget utilization and purchases funded through Individualized Goods and Services to assure funds are being used appropriately, and reports concerns to case managers and the DD Programs as required.
HOMEMAKER	Services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for himself/herself or others in the home.
INDEPENDENT SUPPORT BROKER (For Self-Directing)	Independent Support Brokerage is a service that assists the participant (or the participant's legal representative, as appropriate) in arranging for, directing and managing services. Serving as the agent of the participant or legal representative, the service is available to assist in identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services. The Support Broker offers practical skills training to participants and their legal representatives to enable them to independently direct and manage waiver services.
INDIVIDUAL DIRECTED GOODS & SERVICES (For Self-Directing)	Goods and services are services, equipment, and supplies that provide direct benefit to the participant and support specific outcomes in the individual plan of care. Participant must Self-Direct at least one direct service through the Fiscal Employer Agent to utilize goods and services.

OCCUPATIONAL THERAPY (Adult & ABI Waivers only)	Services furnished by or under the scope of practice of an occupational therapist and necessary to keep a participant in his or her home or out of an institution.
PERSONAL CARE	<p>Assistance with eating, bathing, dressing, personal hygiene, activities of daily living. Personal Care services may include the preparation of meals, exclusive of the cost of the meals. When specified in the plan of care, this service may also include such housekeeping chores as bed making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the participant, rather than the participant's family.</p> <p>Personal care can include Activities of Daily Living (ADLS) and Instrumental Activities of Daily Living (IADLS).</p> <ul style="list-style-type: none"> • ADLS include bathing, dressing, toileting, transferring, positioning, maintaining continence, other hygiene tasks, eating, etc. • IADLS include more complex life activities, such as personal hygiene, light housework, laundry, meal preparation, exclusive of cost of meal, transportation, grocery shopping, using the telephone medication and money management.
PHYSICAL THERAPY (Adult & ABI Waivers only)	Maintenance or restorative services provided by or under the scope of a licensed physical therapist, which are necessary to keep a participant in his or her home or out of an institution.
RESIDENTIAL HABILITATION (must be 18 or older)	<p>Residential Habilitation is individually-tailored supports for a waiver participant that assists with the acquisition, retention, or improvement in skills related to living in the community. These supports include adaptive skill development, assistance with activities of daily living, community inclusion, transportation, adult educational supports, social and leisure skill development, that assist the participant to reside in the most integrated setting appropriate to his/her needs. Residential habilitation also includes personal care, protective oversight and supervision.</p> <p>Residential habilitation may be furnished in a home owned or leased by a provider or in the participant's home (if no unpaid caregivers or adult family members live in the same home), where staff provides on-going 24-hour support and supervision.</p>
RESIDENTIAL HABILITATION TRAINING (Child Waiver only)	Individually-tailored supports that assist a participant with the acquisition, retention, or improvement of skills pertinent to gaining more independence. Services are designed to increase or maintain the participant's skills and independence, and promote self-advocacy.
RESPIRE CARE	Respite care consists of services provided to participants unable to care for themselves. Respite is intended to be utilized on a short-term basis because of the absence or need for relief of the natural caregiver. Respite must be episodic, for special events when the caregiver needs relief. Respite cannot be used as a substitute for care while the primary caregiver is at work. It cannot be used for daily scheduled supervision. The amount of Respite services authorized shall be based upon need and does not include similar services otherwise available through public education programs in the participant's local school district, including after school supervision, daytime services when school is not in session, and services to preschool age children.
SKILLED NURSING	Services listed in the individual's plan of care that are prescribed by a physician, that are within the scope of the State of Wyoming's Nurse Practice Act may be provided by provider agencies and independent nurses as long as they meet the provider qualifications. The Wyoming Medicaid State Plan requires that skilled nursing services be provided by home health agencies that provide a minimum of two medically necessary services.

SPECIAL FAMILY HABILITATION HOME (Child Waiver only)	Special Family Habilitation Home consists of participant specific, individually designed and coordinated training within a family (other than biological or adoptive parents) host home environment. This service is intended for children birth through 20 years of age. The provider is the primary caregiver and assumes 24-hour care of the individual.
SPECIALIZED EQUIPMENT AND SUPPLIES (New & Repair)	Services include devices, controls, or appliances, specified in the plan of care, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. Items reimbursed with waiver funds shall exclude any medical equipment and supplies furnished under the Medicaid State Plan.
SPEECH, LANGUAGE, & HEARING SERVICES (Adult & ABI Waivers only)	Speech Therapy services consist of the full range of activities provided by a licensed speech therapist. Services include screening and evaluation of participants with respect to speech function; development of therapeutic treatment plans; direct therapeutic intervention; selection, assistance, and training with augmentative communication devices, and the provision of ongoing therapy. Speech Therapy services through the waiver can be used for maintenance and the prevention of regression skills. The units must be prior authorized and must be prescribed by a physician.
SUPPORTED LIVING SERVICES (must be 18 or older)	Supported Living Services assist persons with disabilities to live in their own home, family home, or rental unit. These individuals do not require ongoing 24-hour supervision but do require a range of community-based support to maintain their independence. They require individually-tailored supports to assist with the acquisition, retention, or improvement in skills related to living successfully in the community. Supported living services shall be based upon need. These services can include: assisting with common daily living activities; performing routine household activities to maintain a clean and safe home; assistance with health issues, medications, and medical services; teaching the use of the community's transportation system; teaching the use of police, fire and emergency assistance; managing personal financial affairs; building and maintaining interpersonal relationships; participating in community life; and 24-hour emergency assistance. This service includes personal care, therefore personal care services cannot be added as a separate service on the plan of care. Transportation is included in the reimbursement rate.
UNPAID CAREGIVER TRAINING & EDUCATION (For Self-Directing)	This service enables family members and other unpaid caregivers to gain the knowledge and skills needed to participate more fully in various aspects of caring and advocating for a participant with a disability in their homes, schools and communities. This service includes learning the various techniques and intervention strategies necessary to help a participant to progress, instruction on equipment use as specified in the individual plan of care, and updates as necessary to safely maintain the individual at home. Participant must Self-Direct at least one direct service through the Fiscal Employer Agent to utilize unpaid caregiver.

Additional Information

Definitions

Below are definitions for commonly used terms in DD Programs waiver program.

Advocate: A person, chosen by the participant or legal guardian, who supports and represents the rights and interests of the participant in order to ensure the participant's full legal rights and access to services. The advocate can be a friend, a relative, or any other interested person. An advocate has no legal authority to make decisions on behalf of a participant.

Adult: A person who is twenty-one years of age or older for purposes of the Adult Developmental Disabilities Home and Community Based Waiver.

Acquired Brain Injury (ABI):

- I. Any combination of focal and diffuse central nervous system dysfunction, both immediate and/or delayed, at the brain stem level and above.
- II. These dysfunctions are acquired through the interaction of any external forces and the body, oxygen deprivation, infection, toxicity, surgery, and vascular disorders not associated with aging.
- III. It is an injury to the brain that has occurred since birth.
- IV. It may have been caused by an external physical force or by a metabolic disorder(s).
- V. It includes traumatic brain injuries such as open or closed head injuries and non-traumatic brain injuries such as those caused by strokes, tumors, infectious disease, hypoxic injuries, metabolic disorders, and toxic products taken into the body through inhalation or ingestion.
- VI. It does not include brain injuries that are congenital or brain injuries induced by birth trauma.
- VII. These dysfunctions are not developmental or degenerative.

Case Manager: A service provider who helps an eligible person with a developmental disability to identify, select, obtain, coordinate and use both paid services and natural supports which enhance independence, productivity, and integration consistent with his or her capacity and preferences.

Child: A person under 21 years of age for participants receiving services on the Children's Developmental Disabilities Home and Community Based Waiver. Participants between the ages of 18 and 21 receive services on the Children's Developmental Disabilities Home and Community Based Waiver but are considered an adult in the State of Wyoming and shall sign their own documents unless they have a legal guardian.

Circle of Support: Specific persons an individual can contact for help or is a natural support. These may include family members, friends, neighbors, advocate, providers, landlord, community members or agencies, or local emergency agencies.

Conflict of Interest: Specific to the Individualized Plan of Care (IPC), a conflict of interest is a situation in which a case manager has competing or conflicting interests or loyalties. Examples include: 1) a self-employed case manager also provides other services on that participant's plan of care 2) an organization employs a participant's case manager and also provides other services on the participant's IPC.

Department of Family Services (DFS): Pursuant to W.S. § 35-20-115, The Central Registry of the Department of Family Services that includes substantiated reports of abuse, neglect, exploitation, or abandonment of vulnerable adults and children.

Developmental Disability: As defined in federal law (42 U.S.C. § 15002 (8)), a severe, chronic disability of an individual that:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments.
- Is manifested before the individual attains age 22.
- Is likely to continue indefinitely, and

- Results in substantial functional limitations in 3 or more of the following areas of major life activity:
 - Self-care
 - Receptive and expressive language
 - Learning
 - Mobility
 - Self-direction
 - Capacity for independent living, and
 - Economic self-sufficiency
- Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Electronic Medicaid Waiver System (EMWS): electronic system for managing waivers.

Functionally necessary: A waiver service that is:

- I. Required due to the diagnosis or condition of the participant, and
- II. Recognized as a prevailing standard or current practice among the provider's peer group, or
- III. Intended to make a reasonable accommodation for functional limitations of a participant, to increase a participant's independence, or both.
- IV. Provided in the most efficient manner and/or setting consistent with appropriate care required by the participant's condition.
- V. For the purposes stated, utilization is not experimental or investigational and is generally accepted by the medical community.

Guardian: A person lawfully appointed as guardian to act on the behalf of the participant or applicant.

ICF/ID LT-104: This is the Level of Care Criteria for Intermediate Care Facility for persons with Intellectual Disability as defined in 42 U.S.C. § 1396d (d).

Individual Budget Amount (IBA): DD Programs allocation of Medicaid waiver funds that may be available to a participant to meet his or her needs.

Individualized Plan of Care (IPC): A written Plan of Care for a participant that describes the type and frequency of services to be provided to the participant regardless of the funding source and that identifies the provider or provider types that furnish the described services.

Individualized Plan of Care (IPC) team: A group of persons who are knowledgeable about the person and are qualified, collectively, to assist in developing an individual Plan of Care for that person. Membership of the team shall include the participant, the guardian if applicable, the case manager, providers on the person's individual plan of care, an advocate if applicable, and any other person chosen by the participant.

Intellectual Disability: A term used when a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself, and social skills. These limitations will cause a person to learn and develop more slowly than a typical person of a similar age. A person with an intellectual disability may take longer to learn to speak, walk, and take care of their personal needs such as dressing or eating, and are likely to have trouble learning in school. They will learn, but it will take them longer. There may be some things they cannot learn. Intellectual disability is the currently preferred term for the disability historically referred to as "mental retardation." The term intellectual disability covers the same population of individuals who were diagnosed previously with mental retardation in number, kind, level, type, and duration of the disability and the need of people with this disability for individualized services and supports.

Inventory for Client and Agency Planning (ICAP): An instrument used by the DD Programs to help determine eligibility and to determine the needs of the participant, available from Riverside Publishing, its successor, or designee.

Medicaid: Also known as "Equalitycare" in Wyoming. It provides medical assistance and services pursuant to Title XIX of the Social Security Act and/or the Wyoming Medical Assistance and Services Act. "Medicaid" includes any successor or replacement program enacted by Congress and/or the Wyoming Legislature. Medicaid in Wyoming is a program under the Office of Healthcare Financing within the Wyoming Department of Health.

Medical Records: All documents, in whatever form, in the possession of or subject to the control of a provider, which describe the participant's diagnosis, condition, or treatment, including, but not limited to, the Individualized Plan of Care.

Objectives: A specific, measureable, attainable, relevant, time specific and trackable condition or skill that must be attained in order to accomplish a particular goal.

Participant: An individual who has been determined eligible for covered services on the Adult DD Waiver, the Child DD Waiver, or the Acquired Brain Injury Waiver.

Person-Centered Planning: A process, directed by a participant, that identifies the participant's strengths, capacities, preferences, needs, the services needed to meet the needs, and providers available to provide services. Person-centered planning allows a participant to exercise choice and control over the process of developing and implementing the Individualized Plan of Care.

Provider: A person or entity that is certified by DD Programs to furnish covered services and is currently enrolled as a Medicaid waiver provider.

Psychological Evaluation: A process that evaluates the mental capabilities of a person used to determine eligibility.

Related Condition: A condition that results in a severe, chronic developmental disability affecting an individual which manifests before he or she reaches age twenty-two and that is attributable to cerebral palsy, seizure disorder, or any condition other than mental illness that is closely related to an intellectual disability and that requires similar services, as determined by a licensed psychologist or physician.

Representative Payee: A person or organization appointed by the Social Security Administration to manage Social Security, Veterans' Administration, Railroad Retirement, Welfare Assistance, or other state or federal benefits or entitlement program payments on behalf of an individual who cannot manage or direct the management of his/her own money.

Self-Direction: Is a belief that emphasizes the ability of people with developmental disabilities and, where appropriate, their families, to decide about their own needs and make choices about what services would best meet those needs. The participant design his/her own Plan of Care, designs and manages his/her own budget, and decides whom to hire to provide the support he/she chooses.

Targeted Case Management (TCM): This is a service that allows case managers to get paid for their time spent working with a new applicant or eligible applicant on the waiting list. A targeted case manager can assist the applicant in the following:

- obtaining the necessary documentation, such as medical records and psychological and neuropsychological assessments to determine eligibility
- can assist in making initial appointments for applicants with service providers and informing applicants of services available while waiting for funding
- ensure a participant is following a prescribed service plan and monitoring the progress and impact of that plan
- can be an advocate for applicants for the purpose of accessing needed services
- can provide crisis intervention and stabilization in situations requiring immediate attention/resolution cannot provide any direct service such as driving applicant to appointments during Targeted Case Management

Traditional Services: This is a provider-driven service delivery process in which providers determine who will be hired, where staff will work, how much they will be paid, and how the services will be delivered overall.

Waiting List: A list of persons who are eligible for covered services and who have submitted a completed application, but the services are unavailable because of limits imposed by funding for or on the waiver.

Additional Information

Resources

Brain Injury Association of Wyoming

111 West 2nd Street, Suite 106
Casper, WY 82601
Phone: (800) 643-6457
Website: www.biausa.org/Wyoming

Department of Family Services (DFS)

Local phone numbers listed by county
Website: <http://dfsweb.state.wy.us>

Department of Health, Aging Division

6101 Yellowstone Road; Suite 186A
Cheyenne, WY 82002
Phone: (307) 777-7986
Website: <http://wdh.state.wy.us>

Department of Health, Mental Health Division

6101 Yellowstone Road; Suite 220
Cheyenne, WY 82002
Phone: (800) 535-4006 or (307) 777-6494
Website: <http://wdh.state.wy.us>

Department of Health, Substance Abuse Division

6101 Yellowstone Road; Suite 220
Cheyenne, WY 82002
Phone: (800) 535-4006 or (307) 777-6494
Website: <http://wdh.state.wy.us>

Developmental Disabilities Programs

Phone: (800) 510-0280 or (307) 777-7115
Website: www.health.wyo.gov/ddd

Division of Vocational Rehabilitation (DVR)

1510 E Pershing Blvd
Cheyenne, WY 82002
Phone: (307) 777-7364
Website: www.wyomingworkforce.org

Early Childhood and Intervention

Phone: (800) 510-0280 or (307) 777-7115
Website: www.health.wyo.gov/ddd/earlychildhood

Governor's Planning Council on Developmental Disabilities

Phone: (800) 438-5191 or (307) 777-7230
Website: <http://dddcouncil.state.wy.us>

Parent Information Center

500 W Lott St, Suite A
Buffalo, WY 82834
Phone: (800) 660-9742
Website: www.wpic.org

People First of Wyoming

Phone: (877) 289-7168 or (307) 432-4033
Website: www.peoplefirstofwyoming.com

Protection and Advocacy (P&A) Systems

Phone: (307) 632-3496
Website: www.wypanda.com

Shoshone & Arapahoe Social Service

109 Norkok
Ft Washakie, WY 82514
Phone: (307) 856-0344

Social Security Administration (SSA)

5353 Yellowstone Road, Room 210
Cheyenne, WY 82009
Phone: (800) 772-1213 or (307) 772-2135
Web site: www.ssa.gov

The Arc of Wyoming Chapter (Arc)

Laramie County: (307) 632-1209
Natrona County: (307) 577-4913
Uinta/Lincoln County: (307) 789-7679
Sheridan County: (307) 672-8665
Lander/Riverton: (307) 335-8801

UPLIFT

4007 Greenway Street, Suite 201
Cheyenne, WY 82001
Phone: (888) -875-4383
Website: www.upliftwy.org

Veterans Affairs Commission

5905 CY Avenue
Casper, WY 82604
Phone: (800) 833-5987 or (307) 265-7372
Website: www.va.gov

Visually Impaired Program (VIP)

Local phone numbers listed by county
Website: www.wilr.org/roster.html

WIND Assistive Technology Resources (WATR)

University of Wyoming
Phone: (800) 861-4312 or (307) 766-2764
Website: www.icdri.org/legal/WyomingATP.htm

Wyoming Guardianship Corporation (WGC)

Phone: (307) 635-8422
Website: www.wyomingguardianship.org

Wyoming Independent Living Rehabilitation (WILR)

305 West 1st Street
Casper, WY 82601
Phone: (800) 735-8322 or (307) 266-6956 Casper
Website: www.wilr.org

Wyoming Institute for Disabilities (WIND)

1000 E University Ave, Dept 4298
Laramie, WY 82071
Phone: (888) 989-9463 or (307) 766-2761
Website: www.uwyo.edu/wind

Wyoming Services for Independent Living (WSIL)

190 Custer Street
Lander, WY 82520
1616 E 11th Street
Cheyenne, WY 82009
Phone: (307) 637-5127 Cheyenne
Phone: (800) 266-3061 or (307) 332-4889 Lander
Website: www.wysil.org

Waiver Applicant Checklist

	Task	Date Completed
1	Contacted DD Programs Participant Support Specialist (PSS)	
2	Appointment set with PSS Date _____ Time _____ Location _____ <input type="checkbox"/> In Person <input type="checkbox"/> By Phone	
3	Received from PSS Application Guide for Adult & Child DD Home & Community Based Waiver Program	
4	Completed Medicaid Waiver Application form . (Mailed form to PSS if meeting by phone; otherwise, leave form with PSS at meeting.)	
5	Interviewed Targeted Case Managers (TCM)	
6	Selected Targeted Case Manager & both signed Case Management Selection form – - you and TCM signed it then TCM mailed or faxed form to PSS	
7	TCM completed your Level of Care Criteria (LT-104) in EMWS	
8	TCM assisted you in scheduling an appointment with DFS to determine your financial eligibility. Date of appointment: _____	
9	TCM helped you gather guardianship papers if applicable and additional medical documentation if a related condition and scanned this information into the EMWS	
10	TCM notified you PSS reviewed your LT-104 & DFS reviewed your financial eligibility. You will be either eligible or ineligible to proceed in your application process	
11	If eligible, TCM scheduled your psychological evaluation Date of appointment: _____ Name of licensed evaluator: _____	
12	Psychological evaluation completed by licensed evaluator and scanned into EMWS by TCM	
13	TCM completed your ICAP checklist in EMWS	
14	PSS reviewed and approved your psychological evaluation, additional medical documentation if required, and ICAP checklist	
15	ICAP submitted through EMWS to WIND for assessment	
16	Once ICAP is finalized (can take 45-90 days to complete), you are notified in writing by PSS that you are either eligible and have funding, or eligible but on a waiting list, or you have been denied	
17	If waiting list letter is received, TCM will continue to assist you in accessing other non-waiver services you need until the waiver funding becomes available	
18	If eligibility letter is received noting funding is available , TCM assisted you in making a 2 nd appointment with DFS to determine your financial eligibility. Date of appointment: _____	
19	2nd DFS appointment completed (A copy of the DD Programs funding letter must be submitted to the DFS during this appointment.)	
20	When eligible, TCM is now titled Case Manager (or you may choose a different Case Manager) and he/she may assist you in interviewing potential providers for compatibility	
21	Case Manager scheduled team meeting to prepare your Individualized Plan of Care	
22	Start receiving funding and services offered through DD Programs waiver program	

WYOMING DEPARTMENT OF HEALTH
Home and Community Based Services (HCBS)
Medicaid Waiver Application

Applicable Program

Please check the appropriate waiver:

- ☐ Adult Developmental Disabilities (DD) Waiver
☐ Child Developmental Disabilities (DD) Waiver
☐ Acquired Brain Injury (ABI) Waiver

Are you currently on a Child Developmental Disabilities Waiver? ☐ Yes ☐ No

If yes, current Case Manager name:

Applicant Contact Information

Applicant Name: _____

Address: _____ Mailing Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone Number: _____ E-mail address: _____

Social Security Number: ____ - ____ - ____ DOB: ____ / ____ / ____

Medicaid #: ____ - _____ Town to receive services: _____

Preferred method of contact? ☐ mail ☐ phone ☐ e-mail ☐ Male ☐ Female Ethnicity: _____

I am interested in the Wyoming Life Resource Center and would like more information. ☐ Yes ☐ No

Guardian Contact Information

Please fill out the following section if the person above is under 18 years of age or the person above has a legal, court-appointed guardian (full or limited).

Name of Parent(s)/Legal Guardian(s): _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Preferred method of contact? ☐ mail ☐ phone ☐ e-mail

Is this person a legal court-appointed guardian (full or limited)? YES ☐ NO ☐

Emergency Contact Information

Please include emergency contact information.

Name: _____ Relationship to Participant: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Signatures

Signature of Applicant or Legally Responsible Representative Date ____/____/____

If signature of responsible person, relationship to the applicant: ☐ Parent ☐ Guardian ☐ Grandparent ☐ Family Member ☐ Other

Signature of Witness _____ Date ____/____/____

(required if signature is marked with an "X")

Mail this form to DD Programs Participant Support Specialist



Case Management Selection

Please check the appropriate waiver:

- ☐ Adult Developmental Disabilities (DD) Waiver
☐ Child Developmental Disabilities (DD) Waiver
☐ Acquired Brain Injury (ABI) Waiver

Applicant: _____
(First) (Last)

Legal Guardian: _____
(First) (Last)

Acknowledgement of Choice of Providers and Case Manager Conflict of Interest Disclosure

Please initial each line verifying services available through this waiver program have been explained to you.

- _____ I understand that I have the ability to make decisions regarding what services will be provided and which providers we will work with while he/she is a waiver participant.
- _____ I understand that I have a right to request informal dispute resolution or an Administrative Hearing if not given the choice of providers.
- _____ I understand that I can choose a case manager not affiliated with any of my other services; however, if the case manager is providing other services on my plan or works for an organization providing me other services, this may be a conflict of interest and it must be disclosed.

Targeted Case Manager & Case Manager Selection

A list of DD Programs certified case managers available in my area/region has been shared with me and my questions have been answered. I have chosen the following individual to act as my case manager to assist in gathering the necessary information to prepare my clinical eligibility and, if eligible for services, to assemble and submit the Individualized Plan of Care. I understand that I may choose a different case manager at a later date.

Case Manager Name: _____

Organization: _____

Federal Provider ID (NPI): _____ Wyoming Provider ID: _____

If this selection is to make a change, my existing Case Manager is: _____

Federal Provider ID (NPI): _____ Wyoming Provider ID: _____

Effective Date of Change to New Case Manager: _____

Consent for Information Release

Please initial each line verifying your understanding of this information.

- _____ I agree to participate in assessments/screenings to determine clinical eligibility and the need for HCBS waiver services.
- _____ I authorize the release of information by my physician, hospital, community mental health center, other social service providers, school, health service providers and family members to and among state agencies and their agents on my child's medical condition and other relevant information necessary to determine appropriate HCBS waiver services. I understand I may revoke this release of information in writing at any time.

Signatures

Signature of Applicant or Legally Responsible Representative / /
Date

Signature of Selected/Current Case Manager / /
Date

Signature of Witness / /
Date
(required if the signature is marked with an "X")

Signature of New Case Manager / /
Date

Mail this form to the DD Programs Participant Support Specialist